



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
OFFICE OF CONTROLLED SUBSTANCES
PRESCRIPTION MONITORING PROGRAM

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

LAW ENFORCEMENT REQUEST FOR PRESCRIPTION REPORT

When Access to Prescription Monitoring Program (PMP) Report is Permitted

The Office of Controlled Substances may provide PMP reports to local, state, or federal law-enforcement or prosecutorial officials who are

- engaged in administering, investigating, or enforcing the laws governing controlled substances and
- involved in a bona fide specific drug-related investigation in which a report of suspected criminal activity involving controlled substances by an identified suspect has been made

The information in the PMP report must

- be relevant and material to such investigation
- be limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and
- include identifying information only if non-identifying information could not be used.

INSTRUCTIONS

Complete this form. All fields are required unless marked "optional."

- Both you and your supervisor must sign the form.
- To submit the signed request form by email, scan the signed form and attach the file to an email addressed to delawarepmp@state.de.us. *Send your request only by secure, encrypted email.*
- To submit the signed request form by mail, send it to the address above marked to the attention of "PMP."

Later on this form, you may opt to have the reports emailed to your email address via secure email or sent by certified mail to your attention.

REQUESTING OFFICER – All fields in this section are required.

1. Name: _____
2. Title: _____ IBM/Sequence Number: _____
3. Law Enforcement Agency Name: _____
4. Your Office Phone: _____ Your Email: _____
5. Supervisor's Name: _____ Supervisor's Office Phone _____
6. **Case Number** _____ ***Required for all Law Enforcement Requests***

REPORT DETAILS – All fields in this section are required.

7. Date Range for Report: From (month/day/year): _____ to (month/day/year): _____
8. Explain why you need this report: _____

9. Whose prescription profile are you requesting? (Check only one) ☐ Patient ☐ Prescriber ☐ Dispenser

PATIENT INFORMATION – Complete this section only if you checked “Patient” above. All fields are required unless marked “optional.”

10. Full Name: _____
Last/Family First Middle

11. Address (optional): _____
City State Zip

12. Date of Birth (month/day/year): _____

13. Does the patient use any other names, addresses, or birthdates (optional)? Yes ☐ No ☐ If yes, list below:

PRESCRIBER INFORMATION – Complete this section only if you checked “Prescriber” above. Both fields are required.

14. Prescriber Full Name: _____ DEA Number: _____

DISPENSER INFORMATION – Complete this section only if you checked “Dispenser” above. Both fields are required.

15. Dispenser Full Name: _____ DEA Number: _____

REPORT DELIVERY

16. Indicate how you want the report delivered to you (check one):

- ☐ Secure (encrypted) Email – **If you are from a Delaware agency on the State network, assure that your email account is configured to receive secure email. If you are not from a Delaware agency on the State network, call Samantha Nettesheim at (302) 744-4518 or email Samantha.nettesheim@state.de.us.**
- ☐ Mail – **The report will be sent to your attention by certified mail, marked confidential. It is your responsibility to assure that it is handled in a secure manner and remains confidential at your location.**

DISCLAIMER

By checking the items below and signing this form, I agree and understand:

- ☐ HIPAA and all confidentiality and non-disclosure provisions of Delaware Law cover the information contained in the PMP database. All PMP reports are protected health information and subject to public disclosure under the Freedom of Information Act or any other provision of law.
- ☐ Inappropriate access or disclosure of this information is a felony under Delaware Law (16 Del. C. § 4798) and may result in criminal prosecution.
- ☐ **Records on this report must be verified before any actions are taken.** A PMP report is an accumulation of data gathered from Delaware-licensed pharmacies and prescribers. The Office of Controlled Substances does not warrant any report to be accurate or complete and expressly disclaims liability for errors and omissions in the contents of this report. . For more information about any prescription in a PMP report or to verify a prescription, contact the dispensing practitioner or pharmacy.
- ☐ I have an open investigation involving controlled substances on the above subject.

Signature of Officer: _____ Date: _____

Signature of Supervisor: _____ Date: _____